



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$) 168.00.

Complete if Known

Application Number 10/036,716  
Filing Date December 21, 2001  
First Named Inventor Takayuki Hatase et al.  
Examiner Name To Be Assigned  
Group / Art Unit 2613  
Attorney Docket No. MAT-8213US

RECEIVED  
APR 17 2002  
Technology Center 2600

| METHOD OF PAYMENT (check one)   |                       | FEE CALCULATION (continued)   |                       |  |                       |                       |                       |                 |          |     |      |                        |       |                                     |     |     |     |                                   |    |   |     |     |     |                                       |     |                           |     |     |       |  |       |  |     |     |      |  |      |  |  |     |        |     |             |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |                     |  |  |  |  |  |                       |                       |                       |                       |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |              |  |  |  |  |      |  |  |  |  |                     |  |  |  |  |  |   |  |              |              |                |          |   |       |   |      |   |      |   |       |                    |  |   |   |  |  |  |  |   |  |                       |                       |                       |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |              |  |  |  |  |             |  |  |  |  |
|---|-----------------------|---|-----------------------|--|-----------------------|-----------------------|-----------------------|-----------------|----------|-----|------|------------------------|-------|-------------------------------------|-----|-----|-----|-----------------------------------|----|---|-----|-----|-----|---------------------------------------|-----|---------------------------|-----|-----|-------|--|-------|--|-----|-----|------|--|------|--|--|-----|--------|-----|-------------|---|--|-----|-----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-------|-----|-----|---|--|-----|-------|-----|-----|--|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|--------------------------|--|-----|-------|-----|-------|---|--|-----|-----|-----|----|----------------------------------|--|-----|-------|-----|-----|------------------------------------|--|-----|-------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|-----|----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|---------------------------|--|--|--|--|--|---------------------|--|---------------------|--|--|--|--|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------|----------|-----|-----|-----|-----|--------------------|--|-----|-----|-----|-----|-------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|--------------------|--|-----|-----|-----|----|------------------------|--|--------------|--|--|--|--|------|--|--|--|--|---------------------|--|--|--|--|--|---|--|--------------|--------------|----------------|----------|---|-------|---|------|---|------|---|-------|--------------------|--|---|---|--|--|--|--|---|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------|----------|-----|----|-----|---|------------------------|--|-----|----|-----|----|-----------------------------------|--|-----|-----|-----|-----|---------------------------------------|--|-----|----|-----|----|--|--|-----|----|-----|---|--|--|--------------|--|--|--|--|-------------|--|--|--|--|
| <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:<br><br>Deposit Account Number 18-0350<br><br>Deposit Account Name<br><br><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17<br><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |                       | <b>3. ADDITIONAL FEES</b>   |                       |  |                       |                       |                       |                 |          |     |      |                        |       |                                     |     |     |     |                                   |    |   |     |     |     |                                       |     |                           |     |     |       |  |       |  |     |     |      |  |      |  |  |     |        |     |             |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |                     |  |  |  |  |  |                       |                       |                       |                       |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |              |  |  |  |  |      |  |  |  |  |                     |  |  |  |  |  |   |  |              |              |                |          |   |       |   |      |   |      |   |       |                    |  |   |   |  |  |  |  |   |  |                       |                       |                       |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |              |  |  |  |  |             |  |  |  |  |
| 2. <input checked="" type="checkbox"/> Payment Enclosed:<br><br><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other  |                       | <table border="1"><thead><tr><th>Fee Code</th><th>Large Entity Fee (\$)</th><th>Small Entity Fee Code</th><th>Small Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr><tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet.</td><td></td></tr><tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr><tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr><tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr><tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr><tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr><tr><td>116</td><td>400</td><td>216</td><td>200</td><td>Extension for reply within second month</td><td></td></tr><tr><td>117</td><td>920</td><td>217</td><td>460</td><td>Extension for reply within third month</td><td></td></tr><tr><td>118</td><td>1,440</td><td>218</td><td>720</td><td>Extension for reply within fourth month</td><td></td></tr><tr><td>128</td><td>1,960</td><td>228</td><td>980</td><td>Extension for reply within fifth month</td><td></td></tr><tr><td>119</td><td>320</td><td>219</td><td>160</td><td>Notice of Appeal</td><td></td></tr><tr><td>120</td><td>320</td><td>220</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr><tr><td>121</td><td>280</td><td>221</td><td>140</td><td>Request for oral hearing</td><td></td></tr><tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr><tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr><tr><td>141</td><td>1,280</td><td>241</td><td>640</td><td>Petition to revive - unintentional</td><td></td></tr><tr><td>142</td><td>1,280</td><td>242</td><td>640</td><td>Utility issue fee (or reissue)</td><td></td></tr><tr><td>143</td><td>460</td><td>243</td><td>230</td><td>Design issue fee</td><td></td></tr><tr><td>144</td><td>620</td><td>244</td><td>310</td><td>Plant issue fee</td><td></td></tr><tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr><tr><td>123</td><td>150</td><td>123</td><td>150</td><td>Petitions related to provisional applications</td><td></td></tr><tr><td>126</td><td>180</td><td>126</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr><tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr><tr><td>146</td><td>740</td><td>246</td><td>370</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr><tr><td>149</td><td>740</td><td>249</td><td>370</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr><tr><td>179</td><td>740</td><td>279</td><td>370</td><td>Request for Continued Examination (RCE)</td><td></td></tr><tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr><tr><td colspan="6">Other fee (specify) _____</td></tr><tr><td colspan="2">1. BASIC FILING FEE</td><td colspan="4">SUBTOTAL (3) (\$ 0)</td></tr><tr><td colspan="2"><table border="1"><thead><tr><th>Large Entity Fee Code</th><th>Large Entity Fee (\$)</th><th>Small Entity Fee Code</th><th>Small Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>101</td><td>740</td><td>201</td><td>370</td><td>Utility filing fee</td><td></td></tr><tr><td>106</td><td>330</td><td>206</td><td>165</td><td>Design filing fee</td><td></td></tr><tr><td>107</td><td>510</td><td>207</td><td>255</td><td>Plant filing fee</td><td></td></tr><tr><td>108</td><td>740</td><td>208</td><td>370</td><td>Reissue filing fee</td><td></td></tr><tr><td>114</td><td>160</td><td>214</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="5">SUBTOTAL (1)</td><td>(\$)</td></tr></tbody></table></td><td colspan="4"></td></tr><tr><td colspan="2">2. EXTRA CLAIM FEES</td><td colspan="4"></td></tr><tr><td colspan="2"><table border="1"><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>8</td><td>-20**</td><td>0</td><td>\$0.</td></tr><tr><td>5</td><td>-3**</td><td>2</td><td>84.00</td></tr><tr><td colspan="2">Multiple Dependent</td><td>X</td><td>0</td></tr></tbody></table></td><td colspan="4"></td></tr><tr><td colspan="2"><table border="1"><thead><tr><th>Large Entity Fee Code</th><th>Large Entity Fee (\$)</th><th>Small Entity Fee Code</th><th>Small Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>102</td><td>84</td><td>202</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>104</td><td>280</td><td>204</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>109</td><td>84</td><td>209</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="5">SUBTOTAL (2)</td><td>(\$ 168.00)</td></tr></tbody></table></td><td colspan="4"></td></tr></tbody></table> |                       | Fee Code   | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description | Fee Paid | 105 | 130  | 205                    | 65    | Surcharge - late filing fee or oath |     | 127 | 50  | 227                               | 25 | Surcharge - late provisional filing fee or cover sheet. |     | 139 | 130 | 139                                   | 130 | Non-English specification |     | 147 | 2,520 | 147  | 2,520 | For filing a request for reexamination |     | 112 | 920* | 112  | 920* | Requesting publication of SIR prior to Examiner action |  | 113 | 1,840* | 113 | 1,840*      | Requesting publication of SIR after Examiner action |  | 115 | 110 | 215 | 55 | Extension for reply within first month |  | 116 | 400 | 216 | 200 | Extension for reply within second month |  | 117 | 920 | 217 | 460 | Extension for reply within third month |  | 118 | 1,440 | 218 | 720 | Extension for reply within fourth month |  | 128 | 1,960 | 228 | 980 | Extension for reply within fifth month |  | 119 | 320 | 219 | 160 | Notice of Appeal |  | 120 | 320 | 220 | 160 | Filing a brief in support of an appeal |  | 121 | 280 | 221 | 140 | Request for oral hearing |  | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive - unavoidable |  | 141 | 1,280 | 241 | 640 | Petition to revive - unintentional |  | 142 | 1,280 | 242 | 640 | Utility issue fee (or reissue) |  | 143 | 460 | 243 | 230 | Design issue fee |  | 144 | 620 | 244 | 310 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 150 | 123 | 150 | Petitions related to provisional applications |  | 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) |  | 146 | 740 | 246 | 370 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 149 | 740 | 249 | 370 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 179 | 740 | 279 | 370 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  | 1. BASIC FILING FEE |  | SUBTOTAL (3) (\$ 0) |  |  |  | <table border="1"><thead><tr><th>Large Entity Fee Code</th><th>Large Entity Fee (\$)</th><th>Small Entity Fee Code</th><th>Small Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>101</td><td>740</td><td>201</td><td>370</td><td>Utility filing fee</td><td></td></tr><tr><td>106</td><td>330</td><td>206</td><td>165</td><td>Design filing fee</td><td></td></tr><tr><td>107</td><td>510</td><td>207</td><td>255</td><td>Plant filing fee</td><td></td></tr><tr><td>108</td><td>740</td><td>208</td><td>370</td><td>Reissue filing fee</td><td></td></tr><tr><td>114</td><td>160</td><td>214</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="5">SUBTOTAL (1)</td><td>(\$)</td></tr></tbody></table> |  | Large Entity Fee Code | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description | Fee Paid | 101 | 740 | 201 | 370 | Utility filing fee |  | 106 | 330 | 206 | 165 | Design filing fee |  | 107 | 510 | 207 | 255 | Plant filing fee |  | 108 | 740 | 208 | 370 | Reissue filing fee |  | 114 | 160 | 214 | 80 | Provisional filing fee |  | SUBTOTAL (1) |  |  |  |  | (\$) |  |  |  |  | 2. EXTRA CLAIM FEES |  |  |  |  |  | <table border="1"><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>8</td><td>-20**</td><td>0</td><td>\$0.</td></tr><tr><td>5</td><td>-3**</td><td>2</td><td>84.00</td></tr><tr><td colspan="2">Multiple Dependent</td><td>X</td><td>0</td></tr></tbody></table> |  | Total Claims | Extra Claims | Fee from below | Fee Paid | 8 | -20** | 0 | \$0. | 5 | -3** | 2 | 84.00 | Multiple Dependent |  | X | 0 |  |  |  |  | <table border="1"><thead><tr><th>Large Entity Fee Code</th><th>Large Entity Fee (\$)</th><th>Small Entity Fee Code</th><th>Small Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>102</td><td>84</td><td>202</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>104</td><td>280</td><td>204</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>109</td><td>84</td><td>209</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="5">SUBTOTAL (2)</td><td>(\$ 168.00)</td></tr></tbody></table> |  | Large Entity Fee Code | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description | Fee Paid | 103 | 18 | 203 | 9 | Claims in excess of 20 |  | 102 | 84 | 202 | 42 | Independent claims in excess of 3 |  | 104 | 280 | 204 | 140 | Multiple dependent claim, if not paid |  | 109 | 84 | 209 | 42 | ** Reissue independent claims over original patent |  | 110 | 18 | 210 | 9 | ** Reissue claims in excess of 20 and over original patent |  | SUBTOTAL (2) |  |  |  |  | (\$ 168.00) |  |  |  |  |
| Fee Code  | Large Entity Fee (\$) | Small Entity Fee Code   | Small Entity Fee (\$) | Fee Description  | Fee Paid              |                       |                       |                 |          |     |      |                        |       |                                     |     |     |     |                                   |    |   |     |     |     |                                       |     |                           |     |     |       |  |       |  |     |     |      |  |      |  |  |     |        |     |             |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |                     |  |  |  |  |  |                       |                       |                       |                       |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |              |  |  |  |  |      |  |  |  |  |                     |  |  |  |  |  |   |  |              |              |                |          |   |       |   |      |   |      |   |       |                    |  |   |   |  |  |  |  |   |  |                       |                       |                       |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |              |  |  |  |  |             |  |  |  |  |
| 105   | 130                   | 205   | 65                    | Surcharge - late filing fee or oath  |                       |                       |                       |                 |          |     |      |                        |       |                                     |     |     |     |                                   |    |   |     |     |     |                                       |     |                           |     |     |       |  |       |  |     |     |      |  |      |  |  |     |        |     |             |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |                     |  |  |  |  |  |                       |                       |                       |                       |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |              |  |  |  |  |      |  |  |  |  |                     |  |  |  |  |  |   |  |              |              |                |          |   |       |   |      |   |      |   |       |                    |  |   |   |  |  |  |  |   |  |                       |                       |                       |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |              |  |  |  |  |             |  |  |  |  |
| 127   | 50                    | 227   | 25                    | Surcharge - late provisional filing fee or cover sheet.                    |                       |                       |                       |                 |          |     |      |                        |       |                                     |     |     |     |                                   |    |   |     |     |     |                                       |     |                           |     |     |       |  |       |  |     |     |      |  |      |  |  |     |        |     |             |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |                     |  |  |  |  |  |                       |                       |                       |                       |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |              |  |  |  |  |      |  |  |  |  |                     |  |  |  |  |  |   |  |              |              |                |          |   |       |   |      |   |      |   |       |                    |  |   |   |  |  |  |  |   |  |                       |                       |                       |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |              |  |  |  |  |             |  |  |  |  |
| 139   | 130                   | 139   | 130                   | Non-English specification  |                       |                       |                       |                 |          |     |      |                        |       |                                     |     |     |     |                                   |    |   |     |     |     |                                       |     |                           |     |     |       |  |       |  |     |     |      |  |      |  |  |     |        |     |             |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |                     |  |  |  |  |  |                       |                       |                       |                       |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |              |  |  |  |  |      |  |  |  |  |                     |  |  |  |  |  |   |  |              |              |                |          |   |       |   |      |   |      |   |       |                    |  |   |   |  |  |  |  |   |  |                       |                       |                       |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |              |  |  |  |  |             |  |  |  |  |
| 147   | 2,520                 | 147   | 2,520                 | For filing a request for reexamination                                     |                       |                       |                       |                 |          |     |      |                        |       |                                     |     |     |     |                                   |    |   |     |     |     |                                       |     |                           |     |     |       |  |       |  |     |     |      |  |      |  |  |     |        |     |             |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |                     |  |  |  |  |  |                       |                       |                       |                       |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |              |  |  |  |  |      |  |  |  |  |                     |  |  |  |  |  |   |  |              |              |                |          |   |       |   |      |   |      |   |       |                    |  |   |   |  |  |  |  |   |  |                       |                       |                       |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |              |  |  |  |  |             |  |  |  |  |
| 112   | 920*                  | 112   | 920*                  | Requesting publication of SIR prior to Examiner action                     |                       |                       |                       |                 |          |     |      |                        |       |                                     |     |     |     |                                   |    |   |     |     |     |                                       |     |                           |     |     |       |  |       |  |     |     |      |  |      |  |  |     |        |     |             |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |                     |  |  |  |  |  |                       |                       |                       |                       |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |              |  |  |  |  |      |  |  |  |  |                     |  |  |  |  |  |   |  |              |              |                |          |   |       |   |      |   |      |   |       |                    |  |   |   |  |  |  |  |   |  |                       |                       |                       |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |              |  |  |  |  |             |  |  |  |  |
| 113   | 1,840*                | 113   | 1,840*                | Requesting publication of SIR after Examiner action                        |                       |                       |                       |                 |          |     |      |                        |       |                                     |     |     |     |                                   |    |   |     |     |     |                                       |     |                           |     |     |       |  |       |  |     |     |      |  |      |  |  |     |        |     |             |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |                     |  |  |  |  |  |                       |                       |                       |                       |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |              |  |  |  |  |      |  |  |  |  |                     |  |  |  |  |  |   |  |              |              |                |          |   |       |   |      |   |      |   |       |                    |  |   |   |  |  |  |  |   |  |                       |                       |                       |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |              |  |  |  |  |             |  |  |  |  |
| 115   | 110                   | 215   | 55                    | Extension for reply within first month                                     |                       |                       |                       |                 |          |     |      |                        |       |                                     |     |     |     |                                   |    |   |     |     |     |                                       |     |                           |     |     |       |  |       |  |     |     |      |  |      |  |  |     |        |     |             |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |                     |  |  |  |  |  |                       |                       |                       |                       |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |              |  |  |  |  |      |  |  |  |  |                     |  |  |  |  |  |   |  |              |              |                |          |   |       |   |      |   |      |   |       |                    |  |   |   |  |  |  |  |   |  |                       |                       |                       |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |              |  |  |  |  |             |  |  |  |  |
| 116   | 400                   | 216   | 200                   | Extension for reply within second month                                    |                       |                       |                       |                 |          |     |      |                        |       |                                     |     |     |     |                                   |    |   |     |     |     |                                       |     |                           |     |     |       |  |       |  |     |     |      |  |      |  |  |     |        |     |             |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |                     |  |  |  |  |  |                       |                       |                       |                       |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |              |  |  |  |  |      |  |  |  |  |                     |  |  |  |  |  |   |  |              |              |                |          |   |       |   |      |   |      |   |       |                    |  |   |   |  |  |  |  |   |  |                       |                       |                       |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |              |  |  |  |  |             |  |  |  |  |
| 117   | 920                   | 217   | 460                   | Extension for reply within third month                                     |                       |                       |                       |                 |          |     |      |                        |       |                                     |     |     |     |                                   |    |   |     |     |     |                                       |     |                           |     |     |       |  |       |  |     |     |      |  |      |  |  |     |        |     |             |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |                     |  |  |  |  |  |                       |                       |                       |                       |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |              |  |  |  |  |      |  |  |  |  |                     |  |  |  |  |  |   |  |              |              |                |          |   |       |   |      |   |      |   |       |                    |  |   |   |  |  |  |  |   |  |                       |                       |                       |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |              |  |  |  |  |             |  |  |  |  |
| 118   | 1,440                 | 218   | 720                   | Extension for reply within fourth month                                    |                       |                       |                       |                 |          |     |      |                        |       |                                     |     |     |     |                                   |    |   |     |     |     |                                       |     |                           |     |     |       |  |       |  |     |     |      |  |      |  |  |     |        |     |             |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |                     |  |  |  |  |  |                       |                       |                       |                       |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |              |  |  |  |  |      |  |  |  |  |                     |  |  |  |  |  |   |  |              |              |                |          |   |       |   |      |   |      |   |       |                    |  |   |   |  |  |  |  |   |  |                       |                       |                       |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |              |  |  |  |  |             |  |  |  |  |
| 128   | 1,960                 | 228   | 980                   | Extension for reply within fifth month                                     |                       |                       |                       |                 |          |     |      |                        |       |                                     |     |     |     |                                   |    |   |     |     |     |                                       |     |                           |     |     |       |  |       |  |     |     |      |  |      |  |  |     |        |     |             |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |                     |  |  |  |  |  |                       |                       |                       |                       |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |              |  |  |  |  |      |  |  |  |  |                     |  |  |  |  |  |   |  |              |              |                |          |   |       |   |      |   |      |   |       |                    |  |   |   |  |  |  |  |   |  |                       |                       |                       |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |              |  |  |  |  |             |  |  |  |  |
| 119   | 320                   | 219   | 160                   | Notice of Appeal   |                       |                       |                       |                 |          |     |      |                        |       |                                     |     |     |     |                                   |    |   |     |     |     |                                       |     |                           |     |     |       |  |       |  |     |     |      |  |      |  |  |     |        |     |             |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |                     |  |  |  |  |  |                       |                       |                       |                       |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |              |  |  |  |  |      |  |  |  |  |                     |  |  |  |  |  |   |  |              |              |                |          |   |       |   |      |   |      |   |       |                    |  |   |   |  |  |  |  |   |  |                       |                       |                       |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |              |  |  |  |  |             |  |  |  |  |
| 120   | 320                   | 220   | 160                   | Filing a brief in support of an appeal                                     |                       |                       |                       |                 |          |     |      |                        |       |                                     |     |     |     |                                   |    |   |     |     |     |                                       |     |                           |     |     |       |  |       |  |     |     |      |  |      |  |  |     |        |     |             |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |                     |  |  |  |  |  |                       |                       |                       |                       |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |              |  |  |  |  |      |  |  |  |  |                     |  |  |  |  |  |   |  |              |              |                |          |   |       |   |      |   |      |   |       |                    |  |   |   |  |  |  |  |   |  |                       |                       |                       |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |              |  |  |  |  |             |  |  |  |  |
| 121   | 280                   | 221   | 140                   | Request for oral hearing   |                       |                       |                       |                 |          |     |      |                        |       |                                     |     |     |     |                                   |    |   |     |     |     |                                       |     |                           |     |     |       |  |       |  |     |     |      |  |      |  |  |     |        |     |             |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |                     |  |  |  |  |  |                       |                       |                       |                       |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |              |  |  |  |  |      |  |  |  |  |                     |  |  |  |  |  |   |  |              |              |                |          |   |       |   |      |   |      |   |       |                    |  |   |   |  |  |  |  |   |  |                       |                       |                       |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |              |  |  |  |  |             |  |  |  |  |
| 138   | 1,510                 | 138   | 1,510                 | Petition to institute a public use proceeding                              |                       |                       |                       |                 |          |     |      |                        |       |                                     |     |     |     |                                   |    |   |     |     |     |                                       |     |                           |     |     |       |  |       |  |     |     |      |  |      |  |  |     |        |     |             |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |                     |  |  |  |  |  |                       |                       |                       |                       |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |              |  |  |  |  |      |  |  |  |  |                     |  |  |  |  |  |   |  |              |              |                |          |   |       |   |      |   |      |   |       |                    |  |   |   |  |  |  |  |   |  |                       |                       |                       |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |              |  |  |  |  |             |  |  |  |  |
| 140   | 110                   | 240   | 55                    | Petition to revive - unavoidable   |                       |                       |                       |                 |          |     |      |                        |       |                                     |     |     |     |                                   |    |   |     |     |     |                                       |     |                           |     |     |       |  |       |  |     |     |      |  |      |  |  |     |        |     |             |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |                     |  |  |  |  |  |                       |                       |                       |                       |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |              |  |  |  |  |      |  |  |  |  |                     |  |  |  |  |  |   |  |              |              |                |          |   |       |   |      |   |      |   |       |                    |  |   |   |  |  |  |  |   |  |                       |                       |                       |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |              |  |  |  |  |             |  |  |  |  |
| 141   | 1,280                 | 241   | 640                   | Petition to revive - unintentional   |                       |                       |                       |                 |          |     |      |                        |       |                                     |     |     |     |                                   |    |   |     |     |     |                                       |     |                           |     |     |       |  |       |  |     |     |      |  |      |  |  |     |        |     |             |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |                     |  |  |  |  |  |                       |                       |                       |                       |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |              |  |  |  |  |      |  |  |  |  |                     |  |  |  |  |  |   |  |              |              |                |          |   |       |   |      |   |      |   |       |                    |  |   |   |  |  |  |  |   |  |                       |                       |                       |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |              |  |  |  |  |             |  |  |  |  |
| 142   | 1,280                 | 242   | 640                   | Utility issue fee (or reissue)   |                       |                       |                       |                 |          |     |      |                        |       |                                     |     |     |     |                                   |    |   |     |     |     |                                       |     |                           |     |     |       |  |       |  |     |     |      |  |      |  |  |     |        |     |             |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |                     |  |  |  |  |  |                       |                       |                       |                       |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |              |  |  |  |  |      |  |  |  |  |                     |  |  |  |  |  |   |  |              |              |                |          |   |       |   |      |   |      |   |       |                    |  |   |   |  |  |  |  |   |  |                       |                       |                       |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |              |  |  |  |  |             |  |  |  |  |
| 143   | 460                   | 243   | 230                   | Design issue fee   |                       |                       |                       |                 |          |     |      |                        |       |                                     |     |     |     |                                   |    |   |     |     |     |                                       |     |                           |     |     |       |  |       |  |     |     |      |  |      |  |  |     |        |     |             |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |                     |  |  |  |  |  |                       |                       |                       |                       |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |              |  |  |  |  |      |  |  |  |  |                     |  |  |  |  |  |   |  |              |              |                |          |   |       |   |      |   |      |   |       |                    |  |   |   |  |  |  |  |   |  |                       |                       |                       |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |              |  |  |  |  |             |  |  |  |  |
| 144   | 620                   | 244   | 310                   | Plant issue fee  |                       |                       |                       |                 |          |     |      |                        |       |                                     |     |     |     |                                   |    |   |     |     |     |                                       |     |                           |     |     |       |  |       |  |     |     |      |  |      |  |  |     |        |     |             |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |                     |  |  |  |  |  |                       |                       |                       |                       |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |              |  |  |  |  |      |  |  |  |  |                     |  |  |  |  |  |   |  |              |              |                |          |   |       |   |      |   |      |   |       |                    |  |   |   |  |  |  |  |   |  |                       |                       |                       |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |              |  |  |  |  |             |  |  |  |  |
| 122   | 130                   | 122   | 130                   | Petitions to the Commissioner  |                       |                       |                       |                 |          |     |      |                        |       |                                     |     |     |     |                                   |    |   |     |     |     |                                       |     |                           |     |     |       |  |       |  |     |     |      |  |      |  |  |     |        |     |             |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |                     |  |  |  |  |  |                       |                       |                       |                       |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |              |  |  |  |  |      |  |  |  |  |                     |  |  |  |  |  |   |  |              |              |                |          |   |       |   |      |   |      |   |       |                    |  |   |   |  |  |  |  |   |  |                       |                       |                       |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |              |  |  |  |  |             |  |  |  |  |
| 123   | 150                   | 123   | 150                   | Petitions related to provisional applications                              |                       |                       |                       |                 |          |     |      |                        |       |                                     |     |     |     |                                   |    |   |     |     |     |                                       |     |                           |     |     |       |  |       |  |     |     |      |  |      |  |  |     |        |     |             |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |                     |  |  |  |  |  |                       |                       |                       |                       |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |              |  |  |  |  |      |  |  |  |  |                     |  |  |  |  |  |   |  |              |              |                |          |   |       |   |      |   |      |   |       |                    |  |   |   |  |  |  |  |   |  |                       |                       |                       |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |              |  |  |  |  |             |  |  |  |  |
| 126   | 180                   | 126   | 180                   | Submission of Information Disclosure Stmt                                  |                       |                       |                       |                 |          |     |      |                        |       |                                     |     |     |     |                                   |    |   |     |     |     |                                       |     |                           |     |     |       |  |       |  |     |     |      |  |      |  |  |     |        |     |             |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |                     |  |  |  |  |  |                       |                       |                       |                       |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |              |  |  |  |  |      |  |  |  |  |                     |  |  |  |  |  |   |  |              |              |                |          |   |       |   |      |   |      |   |       |                    |  |   |   |  |  |  |  |   |  |                       |                       |                       |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |              |  |  |  |  |             |  |  |  |  |
| 581   | 40                    | 581   | 40                    | Recording each patent assignment per property (times number of properties) |                       |                       |                       |                 |          |     |      |                        |       |                                     |     |     |     |                                   |    |   |     |     |     |                                       |     |                           |     |     |       |  |       |  |     |     |      |  |      |  |  |     |        |     |             |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |                     |  |  |  |  |  |                       |                       |                       |                       |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |              |  |  |  |  |      |  |  |  |  |                     |  |  |  |  |  |   |  |              |              |                |          |   |       |   |      |   |      |   |       |                    |  |   |   |  |  |  |  |   |  |                       |                       |                       |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |              |  |  |  |  |             |  |  |  |  |
| 146   | 740                   | 246   | 370                   | Filing a submission after final rejection (37 CFR § 1.129(a))              |                       |                       |                       |                 |          |     |      |                        |       |                                     |     |     |     |                                   |    |   |     |     |     |                                       |     |                           |     |     |       |  |       |  |     |     |      |  |      |  |  |     |        |     |             |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |                     |  |  |  |  |  |                       |                       |                       |                       |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |              |  |  |  |  |      |  |  |  |  |                     |  |  |  |  |  |   |  |              |              |                |          |   |       |   |      |   |      |   |       |                    |  |   |   |  |  |  |  |   |  |                       |                       |                       |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |              |  |  |  |  |             |  |  |  |  |
| 149   | 740                   | 249   | 370                   | For each additional invention to be examined (37 CFR § 1.129(b))           |                       |                       |                       |                 |          |     |      |                        |       |                                     |     |     |     |                                   |    |   |     |     |     |                                       |     |                           |     |     |       |  |       |  |     |     |      |  |      |  |  |     |        |     |             |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |                     |  |  |  |  |  |                       |                       |                       |                       |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |              |  |  |  |  |      |  |  |  |  |                     |  |  |  |  |  |   |  |              |              |                |          |   |       |   |      |   |      |   |       |                    |  |   |   |  |  |  |  |   |  |                       |                       |                       |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |              |  |  |  |  |             |  |  |  |  |
| 179   | 740                   | 279   | 370                   | Request for Continued Examination (RCE)                                    |                       |                       |                       |                 |          |     |      |                        |       |                                     |     |     |     |                                   |    |   |     |     |     |                                       |     |                           |     |     |       |  |       |  |     |     |      |  |      |  |  |     |        |     |             |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |                     |  |  |  |  |  |                       |                       |                       |                       |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |              |  |  |  |  |      |  |  |  |  |                     |  |  |  |  |  |   |  |              |              |                |          |   |       |   |      |   |      |   |       |                    |  |   |   |  |  |  |  |   |  |                       |                       |                       |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |              |  |  |  |  |             |  |  |  |  |
| 169   | 900                   | 169   | 900                   | Request for expedited examination of a design application                  |                       |                       |                       |                 |          |     |      |                        |       |                                     |     |     |     |                                   |    |   |     |     |     |                                       |     |                           |     |     |       |  |       |  |     |     |      |  |      |  |  |     |        |     |             |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |                     |  |  |  |  |  |                       |                       |                       |                       |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |              |  |  |  |  |      |  |  |  |  |                     |  |  |  |  |  |   |  |              |              |                |          |   |       |   |      |   |      |   |       |                    |  |   |   |  |  |  |  |   |  |                       |                       |                       |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |              |  |  |  |  |             |  |  |  |  |
| Other fee (specify) _____   |                       |   |                       |  |                       |                       |                       |                 |          |     |      |                        |       |                                     |     |     |     |                                   |    |   |     |     |     |                                       |     |                           |     |     |       |  |       |  |     |     |      |  |      |  |  |     |        |     |             |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |                     |  |  |  |  |  |                       |                       |                       |                       |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |              |  |  |  |  |      |  |  |  |  |                     |  |  |  |  |  |   |  |              |              |                |          |   |       |   |      |   |      |   |       |                    |  |   |   |  |  |  |  |   |  |                       |                       |                       |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |              |  |  |  |  |             |  |  |  |  |
| 1. BASIC FILING FEE   |                       | SUBTOTAL (3) (\$ 0)   |                       |  |                       |                       |                       |                 |          |     |      |                        |       |                                     |     |     |     |                                   |    |   |     |     |     |                                       |     |                           |     |     |       |  |       |  |     |     |      |  |      |  |  |     |        |     |             |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |                     |  |  |  |  |  |                       |                       |                       |                       |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |              |  |  |  |  |      |  |  |  |  |                     |  |  |  |  |  |   |  |              |              |                |          |   |       |   |      |   |      |   |       |                    |  |   |   |  |  |  |  |   |  |                       |                       |                       |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |              |  |  |  |  |             |  |  |  |  |
| <table border="1"><thead><tr><th>Large Entity Fee Code</th><th>Large Entity Fee (\$)</th><th>Small Entity Fee Code</th><th>Small Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>101</td><td>740</td><td>201</td><td>370</td><td>Utility filing fee</td><td></td></tr><tr><td>106</td><td>330</td><td>206</td><td>165</td><td>Design filing fee</td><td></td></tr><tr><td>107</td><td>510</td><td>207</td><td>255</td><td>Plant filing fee</td><td></td></tr><tr><td>108</td><td>740</td><td>208</td><td>370</td><td>Reissue filing fee</td><td></td></tr><tr><td>114</td><td>160</td><td>214</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="5">SUBTOTAL (1)</td><td>(\$)</td></tr></tbody></table>  |                       | Large Entity Fee Code   | Large Entity Fee (\$) | Small Entity Fee Code  | Small Entity Fee (\$) | Fee Description       | Fee Paid              | 101             | 740      | 201 | 370  | Utility filing fee     |       | 106                                 | 330 | 206 | 165 | Design filing fee                 |    | 107   | 510 | 207 | 255 | Plant filing fee                      |     | 108                       | 740 | 208 | 370   | Reissue filing fee                                 |       | 114                                    | 160 | 214 | 80   | Provisional filing fee                                     |      | SUBTOTAL (1)   |  |     |        |     | (\$)        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |                     |  |  |  |  |  |                       |                       |                       |                       |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |              |  |  |  |  |      |  |  |  |  |                     |  |  |  |  |  |   |  |              |              |                |          |   |       |   |      |   |      |   |       |                    |  |   |   |  |  |  |  |   |  |                       |                       |                       |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |              |  |  |  |  |             |  |  |  |  |
| Large Entity Fee Code   | Large Entity Fee (\$) | Small Entity Fee Code   | Small Entity Fee (\$) | Fee Description  | Fee Paid              |                       |                       |                 |          |     |      |                        |       |                                     |     |     |     |                                   |    |   |     |     |     |                                       |     |                           |     |     |       |  |       |  |     |     |      |  |      |  |  |     |        |     |             |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |                     |  |  |  |  |  |                       |                       |                       |                       |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |              |  |  |  |  |      |  |  |  |  |                     |  |  |  |  |  |   |  |              |              |                |          |   |       |   |      |   |      |   |       |                    |  |   |   |  |  |  |  |   |  |                       |                       |                       |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |              |  |  |  |  |             |  |  |  |  |
| 101   | 740                   | 201   | 370                   | Utility filing fee   |                       |                       |                       |                 |          |     |      |                        |       |                                     |     |     |     |                                   |    |   |     |     |     |                                       |     |                           |     |     |       |  |       |  |     |     |      |  |      |  |  |     |        |     |             |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |                     |  |  |  |  |  |                       |                       |                       |                       |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |              |  |  |  |  |      |  |  |  |  |                     |  |  |  |  |  |   |  |              |              |                |          |   |       |   |      |   |      |   |       |                    |  |   |   |  |  |  |  |   |  |                       |                       |                       |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |              |  |  |  |  |             |  |  |  |  |
| 106   | 330                   | 206   | 165                   | Design filing fee  |                       |                       |                       |                 |          |     |      |                        |       |                                     |     |     |     |                                   |    |   |     |     |     |                                       |     |                           |     |     |       |  |       |  |     |     |      |  |      |  |  |     |        |     |             |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |                     |  |  |  |  |  |                       |                       |                       |                       |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |              |  |  |  |  |      |  |  |  |  |                     |  |  |  |  |  |   |  |              |              |                |          |   |       |   |      |   |      |   |       |                    |  |   |   |  |  |  |  |   |  |                       |                       |                       |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |              |  |  |  |  |             |  |  |  |  |
| 107   | 510                   | 207   | 255                   | Plant filing fee   |                       |                       |                       |                 |          |     |      |                        |       |                                     |     |     |     |                                   |    |   |     |     |     |                                       |     |                           |     |     |       |  |       |  |     |     |      |  |      |  |  |     |        |     |             |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |                     |  |  |  |  |  |                       |                       |                       |                       |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |              |  |  |  |  |      |  |  |  |  |                     |  |  |  |  |  |   |  |              |              |                |          |   |       |   |      |   |      |   |       |                    |  |   |   |  |  |  |  |   |  |                       |                       |                       |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |              |  |  |  |  |             |  |  |  |  |
| 108   | 740                   | 208   | 370                   | Reissue filing fee   |                       |                       |                       |                 |          |     |      |                        |       |                                     |     |     |     |                                   |    |   |     |     |     |                                       |     |                           |     |     |       |  |       |  |     |     |      |  |      |  |  |     |        |     |             |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |                     |  |  |  |  |  |                       |                       |                       |                       |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |              |  |  |  |  |      |  |  |  |  |                     |  |  |  |  |  |   |  |              |              |                |          |   |       |   |      |   |      |   |       |                    |  |   |   |  |  |  |  |   |  |                       |                       |                       |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |              |  |  |  |  |             |  |  |  |  |
| 114   | 160                   | 214   | 80                    | Provisional filing fee   |                       |                       |                       |                 |          |     |      |                        |       |                                     |     |     |     |                                   |    |   |     |     |     |                                       |     |                           |     |     |       |  |       |  |     |     |      |  |      |  |  |     |        |     |             |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |                     |  |  |  |  |  |                       |                       |                       |                       |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |              |  |  |  |  |      |  |  |  |  |                     |  |  |  |  |  |   |  |              |              |                |          |   |       |   |      |   |      |   |       |                    |  |   |   |  |  |  |  |   |  |                       |                       |                       |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |              |  |  |  |  |             |  |  |  |  |
| SUBTOTAL (1)  |                       |   |                       |  | (\$)                  |                       |                       |                 |          |     |      |                        |       |                                     |     |     |     |                                   |    |   |     |     |     |                                       |     |                           |     |     |       |  |       |  |     |     |      |  |      |  |  |     |        |     |             |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |                     |  |  |  |  |  |                       |                       |                       |                       |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |              |  |  |  |  |      |  |  |  |  |                     |  |  |  |  |  |   |  |              |              |                |          |   |       |   |      |   |      |   |       |                    |  |   |   |  |  |  |  |   |  |                       |                       |                       |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |              |  |  |  |  |             |  |  |  |  |
| 2. EXTRA CLAIM FEES   |                       |   |                       |  |                       |                       |                       |                 |          |     |      |                        |       |                                     |     |     |     |                                   |    |   |     |     |     |                                       |     |                           |     |     |       |  |       |  |     |     |      |  |      |  |  |     |        |     |             |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |                     |  |  |  |  |  |                       |                       |                       |                       |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |              |  |  |  |  |      |  |  |  |  |                     |  |  |  |  |  |   |  |              |              |                |          |   |       |   |      |   |      |   |       |                    |  |   |   |  |  |  |  |   |  |                       |                       |                       |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |              |  |  |  |  |             |  |  |  |  |
| <table border="1"><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>8</td><td>-20**</td><td>0</td><td>\$0.</td></tr><tr><td>5</td><td>-3**</td><td>2</td><td>84.00</td></tr><tr><td colspan="2">Multiple Dependent</td><td>X</td><td>0</td></tr></tbody></table>   |                       | Total Claims  | Extra Claims          | Fee from below   | Fee Paid              | 8                     | -20**                 | 0               | \$0.     | 5   | -3** | 2                      | 84.00 | Multiple Dependent                  |     | X   | 0   |                                   |    |   |     |     |     |                                       |     |                           |     |     |       |  |       |  |     |     |      |  |      |  |  |     |        |     |             |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |                     |  |  |  |  |  |                       |                       |                       |                       |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |              |  |  |  |  |      |  |  |  |  |                     |  |  |  |  |  |   |  |              |              |                |          |   |       |   |      |   |      |   |       |                    |  |   |   |  |  |  |  |   |  |                       |                       |                       |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |              |  |  |  |  |             |  |  |  |  |
| Total Claims  | Extra Claims          | Fee from below  | Fee Paid              |  |                       |                       |                       |                 |          |     |      |                        |       |                                     |     |     |     |                                   |    |   |     |     |     |                                       |     |                           |     |     |       |  |       |  |     |     |      |  |      |  |  |     |        |     |             |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |                     |  |  |  |  |  |                       |                       |                       |                       |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |              |  |  |  |  |      |  |  |  |  |                     |  |  |  |  |  |   |  |              |              |                |          |   |       |   |      |   |      |   |       |                    |  |   |   |  |  |  |  |   |  |                       |                       |                       |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |              |  |  |  |  |             |  |  |  |  |
| 8   | -20**                 | 0   | \$0.                  |  |                       |                       |                       |                 |          |     |      |                        |       |                                     |     |     |     |                                   |    |   |     |     |     |                                       |     |                           |     |     |       |  |       |  |     |     |      |  |      |  |  |     |        |     |             |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |                     |  |  |  |  |  |                       |                       |                       |                       |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |              |  |  |  |  |      |  |  |  |  |                     |  |  |  |  |  |   |  |              |              |                |          |   |       |   |      |   |      |   |       |                    |  |   |   |  |  |  |  |   |  |                       |                       |                       |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |              |  |  |  |  |             |  |  |  |  |
| 5   | -3**                  | 2   | 84.00                 |  |                       |                       |                       |                 |          |     |      |                        |       |                                     |     |     |     |                                   |    |   |     |     |     |                                       |     |                           |     |     |       |  |       |  |     |     |      |  |      |  |  |     |        |     |             |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |                     |  |  |  |  |  |                       |                       |                       |                       |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |              |  |  |  |  |      |  |  |  |  |                     |  |  |  |  |  |   |  |              |              |                |          |   |       |   |      |   |      |   |       |                    |  |   |   |  |  |  |  |   |  |                       |                       |                       |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |              |  |  |  |  |             |  |  |  |  |
| Multiple Dependent  |                       | X   | 0                     |  |                       |                       |                       |                 |          |     |      |                        |       |                                     |     |     |     |                                   |    |   |     |     |     |                                       |     |                           |     |     |       |  |       |  |     |     |      |  |      |  |  |     |        |     |             |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |                     |  |  |  |  |  |                       |                       |                       |                       |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |              |  |  |  |  |      |  |  |  |  |                     |  |  |  |  |  |   |  |              |              |                |          |   |       |   |      |   |      |   |       |                    |  |   |   |  |  |  |  |   |  |                       |                       |                       |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |              |  |  |  |  |             |  |  |  |  |
| <table border="1"><thead><tr><th>Large Entity Fee Code</th><th>Large Entity Fee (\$)</th><th>Small Entity Fee Code</th><th>Small Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>102</td><td>84</td><td>202</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>104</td><td>280</td><td>204</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>109</td><td>84</td><td>209</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="5">SUBTOTAL (2)</td><td>(\$ 168.00)</td></tr></tbody></table> |                       | Large Entity Fee Code   | Large Entity Fee (\$) | Small Entity Fee Code  | Small Entity Fee (\$) | Fee Description       | Fee Paid              | 103             | 18       | 203 | 9    | Claims in excess of 20 |       | 102                                 | 84  | 202 | 42  | Independent claims in excess of 3 |    | 104   | 280 | 204 | 140 | Multiple dependent claim, if not paid |     | 109                       | 84  | 209 | 42    | ** Reissue independent claims over original patent |       | 110                                    | 18  | 210 | 9    | ** Reissue claims in excess of 20 and over original patent |      | SUBTOTAL (2)   |  |     |        |     | (\$ 168.00) |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |                     |  |  |  |  |  |                       |                       |                       |                       |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |              |  |  |  |  |      |  |  |  |  |                     |  |  |  |  |  |   |  |              |              |                |          |   |       |   |      |   |      |   |       |                    |  |   |   |  |  |  |  |   |  |                       |                       |                       |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |              |  |  |  |  |             |  |  |  |  |
| Large Entity Fee Code   | Large Entity Fee (\$) | Small Entity Fee Code   | Small Entity Fee (\$) | Fee Description  | Fee Paid              |                       |                       |                 |          |     |      |                        |       |                                     |     |     |     |                                   |    |   |     |     |     |                                       |     |                           |     |     |       |  |       |  |     |     |      |  |      |  |  |     |        |     |             |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |                     |  |  |  |  |  |                       |                       |                       |                       |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |              |  |  |  |  |      |  |  |  |  |                     |  |  |  |  |  |   |  |              |              |                |          |   |       |   |      |   |      |   |       |                    |  |   |   |  |  |  |  |   |  |                       |                       |                       |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |              |  |  |  |  |             |  |  |  |  |
| 103   | 18                    | 203   | 9                     | Claims in excess of 20   |                       |                       |                       |                 |          |     |      |                        |       |                                     |     |     |     |                                   |    |   |     |     |     |                                       |     |                           |     |     |       |  |       |  |     |     |      |  |      |  |  |     |        |     |             |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |                     |  |  |  |  |  |                       |                       |                       |                       |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |              |  |  |  |  |      |  |  |  |  |                     |  |  |  |  |  |   |  |              |              |                |          |   |       |   |      |   |      |   |       |                    |  |   |   |  |  |  |  |   |  |                       |                       |                       |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |              |  |  |  |  |             |  |  |  |  |
| 102   | 84                    | 202   | 42                    | Independent claims in excess of 3  |                       |                       |                       |                 |          |     |      |                        |       |                                     |     |     |     |                                   |    |   |     |     |     |                                       |     |                           |     |     |       |  |       |  |     |     |      |  |      |  |  |     |        |     |             |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |                     |  |  |  |  |  |                       |                       |                       |                       |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |              |  |  |  |  |      |  |  |  |  |                     |  |  |  |  |  |   |  |              |              |                |          |   |       |   |      |   |      |   |       |                    |  |   |   |  |  |  |  |   |  |                       |                       |                       |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |              |  |  |  |  |             |  |  |  |  |
| 104   | 280                   | 204   | 140                   | Multiple dependent claim, if not paid                                      |                       |                       |                       |                 |          |     |      |                        |       |                                     |     |     |     |                                   |    |   |     |     |     |                                       |     |                           |     |     |       |  |       |  |     |     |      |  |      |  |  |     |        |     |             |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |                     |  |  |  |  |  |                       |                       |                       |                       |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |              |  |  |  |  |      |  |  |  |  |                     |  |  |  |  |  |   |  |              |              |                |          |   |       |   |      |   |      |   |       |                    |  |   |   |  |  |  |  |   |  |                       |                       |                       |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |              |  |  |  |  |             |  |  |  |  |
| 109   | 84                    | 209   | 42                    | ** Reissue independent claims over original patent                         |                       |                       |                       |                 |          |     |      |                        |       |                                     |     |     |     |                                   |    |   |     |     |     |                                       |     |                           |     |     |       |  |       |  |     |     |      |  |      |  |  |     |        |     |             |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |                     |  |  |  |  |  |                       |                       |                       |                       |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |              |  |  |  |  |      |  |  |  |  |                     |  |  |  |  |  |   |  |              |              |                |          |   |       |   |      |   |      |   |       |                    |  |   |   |  |  |  |  |   |  |                       |                       |                       |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |              |  |  |  |  |             |  |  |  |  |
| 110   | 18                    | 210   | 9                     | ** Reissue claims in excess of 20 and over original patent                 |                       |                       |                       |                 |          |     |      |                        |       |                                     |     |     |     |                                   |    |   |     |     |     |                                       |     |                           |     |     |       |  |       |  |     |     |      |  |      |  |  |     |        |     |             |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |                     |  |  |  |  |  |                       |                       |                       |                       |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |              |  |  |  |  |      |  |  |  |  |                     |  |  |  |  |  |   |  |              |              |                |          |   |       |   |      |   |      |   |       |                    |  |   |   |  |  |  |  |   |  |                       |                       |                       |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |              |  |  |  |  |             |  |  |  |  |
| SUBTOTAL (2)  |                       |   |                       |  | (\$ 168.00)           |                       |                       |                 |          |     |      |                        |       |                                     |     |     |     |                                   |    |   |     |     |     |                                       |     |                           |     |     |       |  |       |  |     |     |      |  |      |  |  |     |        |     |             |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |                     |  |  |  |  |  |                       |                       |                       |                       |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |              |  |  |  |  |      |  |  |  |  |                     |  |  |  |  |  |   |  |              |              |                |          |   |       |   |      |   |      |   |       |                    |  |   |   |  |  |  |  |   |  |                       |                       |                       |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |              |  |  |  |  |             |  |  |  |  |

\*\*or number previously paid, if greater; For Reissues, see above

| SUBMITTED BY      |                    | Complete (if applicable)        |               |           |                |
|-------------------|--------------------|---------------------------------|---------------|-----------|----------------|
| Name (Print/Type) | Lawrence E. Ashery | Registration No. Attorney/Agent | 34,515        | Telephone | (810) 407-0700 |
| Signature         |                    | Date                            | April 4, 2002 |           |                |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2030 Burden Hour Statement. This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.